

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155278		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/25/2015	
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 155 E BURKS DR BLOOMINGTON, IN 47401			
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F 000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00168168.</p> <p>Complaint IN00168168 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 17, 18, 19, 20, 23, 24, and 25, 2015.</p> <p>Facility number: 000177 Provider number: 155278 AIM number: 100289860</p> <p>Survey team: Angela Patterson, RN-TC Cheryl Mabry, RN Kimberly Gines, RN (March 17, 18, 19, 20,&amp; 23, 2015) Brooke Harrison, RN (March 17, 18, 19, &amp; 20, 2015)</p> <p>Census bed type: SNF/NF: 129 Total: 129</p> <p>Census payor type: Medicare: 5 Medicaid: 106</p>			F 000	<p>The submission of this <i>Plan of Correction</i> does not indicate an admission by Golden Living of Bloomington (the "Facility") that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the patients of Golden Living of Bloomington. The Facility recognizes its obligation to provide legally and medically necessary care and services to its patients in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities (for Title 16/17 programs). To this end, this <i>Plan of Correction</i> shall service as the <b>credible allegation of compliance</b> with all state and federal requirement governing the management of this Facility. It is thus submitted as a matter of statute <i>only</i>.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 164 SS=D Bldg. 00	<p>Other: 18 Total: 129</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 01, 2015; by Kimberly Perigo, RN.</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage</p>						

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	<p>methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the shower room door and privacy curtains were drawn while a resident was being undressed for a shower (Resident #157) and the privacy curtains were closed, resident's room door was closed, and the window curtains to the outside were closed while administering gastrointestinal tube (g-tube) medications for a resident (Resident #133). (LPN #1, CNA #3, CNA #4)</p> <p>Findings include:</p> <p>1). On 3/23/15 at 11:54 a.m., observed CNA #3 to be holding the Rehab shower door open. Resident #157 was observed inside the shower room being undressed by CNA #4. The privacy curtains were observed not to be drawn. Construction workers and staff walked past the open shower room door.</p> <p>On 3/23/15 at 2:20 p.m., CNA #3 indicated, the shower curtains should be closed and the door shut. The resident should be covered always for privacy.</p> <p>On 3/24/15 at 9:48 a.m., CNA #4 indicated, we usually pull all the curtains,</p>	F 164	<p><b>F 164</b> It shall be the policy of Golden Living (of Bloomington) for each patient to have the right to personal privacy and confidentiality of his or her personal and clinical records. CNA #4 and LPN# 1 were immediately in-serviced on privacy standards when providing personal care and services. All other residents who receive assistance from staff have the "potential" to be affected by this deficient practice. Staff education will be provided (to all nursing staff). The curriculum will include <i>privacy and dignity</i> standards as they pertain to the delivery of care and services. Moreover, an "in use" signage has been installed in the requisite bathing Facility. Unit Managers (or designee) will conduct daily random audits of care to insure resident privacy is being preserved while care and services are being provided. The audits will be conducted Monday through Friday by the respective Unit Managers and on Saturday and Sunday by the Weekend RN Supervisor (or designee). The same will be administered 4x/week for 30 days, 3x/week for 30 days and then weekly for 30 days. All audits will be reviewed by the DNS. All findings will be reported to the</p>	04/24/2015			

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	<p>I didn't know anyone else was coming in the shower room. Resident #157 did not want to go into the shower stall, because it was wet. So I was lifting up her robe to help her on the shower chair and then roll her into the stall. I should have made sure CNA #3 didn't have the door open.</p> <p>2) On 3/19/15 at 10:22 a.m., observed LPN #1 to enter Resident #133's room for g-tube medication administration. LPN #1 placed a syringe in the tubing to check placement and residual in Resident #133's stomach. LPN #1 administered Resident #133's g-tube medications with the outside window curtains open. The door was not closed and the privacy curtain not drawn. While LPN #1 was administering the g-tube medications for Resident #133 a contracted hospice staff member wheeled Resident #133's room mate into the room and assisted him into bed. Resident #133's stomach was partially exposed while the medication was being administered.</p> <p>On 3/24/15 at 1:45 p.m., LPN #1 indicated, she should have closed the door, privacy and window curtains before administering g-tube medications.</p> <p>On 3/23/15 the Director of Nursing (DON) provided policy "Dignity" effective date 2/26/15, and indicated the</p>				<p>QAPI Committee monthly for three (3) consecutive months. Any trend or pattern noted will have an "Action Plan" immediately written and implemented. The QAPI Committee will determine if further monitoring will be required after the three (3) month period.</p>		

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F 279 SS=D Bldg. 00	<p>policy was the one currently used by the facility. The policy indicated, "...Maintaining Dignity: ... Assisting residents in daily care in a dignified manner... ensuring residents are not exposed, ..."</p> <p>3.1-3(p)(4)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview, and record review, the facility failed to ensure a care plan was in place for a resident</p>	F 279	<p><b>F279:</b> It shall be the policy of Golden Living (of Bloomington) to utilize the result of each patient assessment to develop, review, and update the patients</p>		04/24/2015		

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	<p>who was incontinent for 1 of 2 residents reviewed in Stage 2 for urinary incontinence. (Resident #154).</p> <p>Findings include:</p> <p>On 3/19/2015 at 9:18 a.m., Resident #154 was found asleep in bed lying on his right side. The incontinent brief was off and there was bowel movement (BM) on the bed. No urinary incontinence observed.</p> <p>On 3/19/2015 at 9:41 a.m., Resident #154 remained asleep lying on his right side with the incontinent brief off and BM on the bed. No urinary incontinence observed.</p> <p>On 3/19/2015 at 9:47 a.m., with the Director of Nursing (DON) and Registered Nurse #1 (RN #1) present, Resident #154 was observed to be asleep and lying on his right side with the incontinent brief off and BM on the bed. The DON indicated the resident should not be like that. Resident # 154 often refuses incontinence care and will cuss out staff.</p> <p>The clinical record was reviewed for Resident #154 on 3/19/15 at 9:55 a.m. Diagnoses included, but were not limited to schizophrenia, depressive disorder and urinary incontinence.</p>		<p>comprehensive plan of care as required. A careplan was developed for patient # 154 to address incontinence. All patients who have incontinence were reviewed to ensure a careplan is in place to address the same. The Unit Managers and RNAC were inserviced on the need to careplan incontinence as required. The RNAC will ensure any patient identified by the admission, quarterly and/or significant change MDS (with incontinence) has an appropriate careplan addressing incontinence. The ADNS will audit all new admissions (within 7 days of admission) to ensure incontinent patients have a requisite care plan in place. The ADNS will report audit finding to the QAPI Committee for review monthly for six (6) months.</p>				

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	<p>The admissions Minimum Data Set (MDS) assessment dated 2/13/15, indicated Resident #154 as frequently incontinent of urine and always continent of bowel.</p> <p>On 3/19/2015 at 9:57 a.m., the DON indicated, the CNA did change the resident this morning but when she tried again at 9:00 a.m., the resident was combative and refused care.</p> <p>On 3/19/2015 at 2:40 p.m., the Unit Manager (UM) for station 2 provided the current care plan dated 3/19/2015, for Resident #154. Resident #154's incontinent status was not addressed in the current care plan.</p> <p>On 3/19/2015 at 2:55 p.m., the UM indicated, resident does not have a care plan for incontinence, but I will get one started today.</p> <p>3.1-35(a)</p>						

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F 282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure care plans were followed for monitoring antidepressant, antipsychotics, and anxiety medications for 2 of 5 residents reviewed for unnecessary medication use(Resident #3, Resident #89) and failed to ensure care plans were followed for a resident with a history of falls in that non skid strips by the bedside had not been implemented as indicated by the care plan (Resident #89).</p> <p>Findings include:</p> <p>1.a.) Resident #3's clinical record was reviewed on 3/18/15 at 2:05 p.m.</p> <p>Physician's orders dated March 2015, indicated Resident #3 received Wellbutrin SR 150mg, trazodone 100mg every hour of sleep, Risperdal 0.5 mg twice a day, and Buspar 15 mg three times a day,</p>		F 282	<p><b>F282</b></p> <p>It shall be the policy of Golden Living (of Bloomington) to provide/arrange for the provision of services by a qualified person in conjunction with the written plan of care.</p> <p>Patient #89 had non-skid strips placed beside the bed per care plan intervention. Side effect monitoring of Wellbutrin was initiated for patient #3.</p> <p>Patient #89 currently has a TAR in place for side effect monitoring. All other patients who receive a psychotropic medication were reviewed to insure side effect monitoring is in place. All care planned fall interventions were reviewed to insure all measures were in place.</p> <p>The Unit Managers were in-serviced to ensure side effect monitoring is in place for all psychotropic medications and fall interventions.</p>		04/24/2015	

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	<p>The current care plan "Potential for Adverse drug related complications" dated 9/24/14, indicated "...Use of ...multiple different class medications, use of psychotropic medications ...Goals will have minimal adverse reactions. ...Interventions ... Monitor for side effects ...Anti-anxiety ... Monitor for side effect... Antidepressant,... Monitor for side effects ...Antipsychotic ..."</p> <p>The January 2015, Treatment Administration Record (TAR) for Risperdal (antipsychotic) indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects on 1/2/15, for day shift and on 1/18/15, and 1/31/15, for the evening shift.</p> <p>The January 2015, TAR for trazodone (antidepressant) indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects on 1/2/15, for day shift and on 1/18/15 and 1/31/15, for the evening shift. The March 2015, TAR for trazodone indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects on 3/20/15, the evening shift and on 3/22/15, for the day shift.</p>				<p>All licensed nurses will be inserviced regarding proper documentation of side effect monitoring and to ensure careplanned fall interventions are in place. The Unit Managers and Weekend RN Supervisor will audit all new psychotropic medication orders to insure side effect monitoring is in place. and the Nurses have recorded the prescreens/absence of side effects on the TAR's. 5x's/week (and weekend) for one (1) week, 4x's/week (and weekend) for one (1) week, 3x's/week (and weekend) for one (1) week.</p> <p>The Unit Managers will ensure all current patients and new admission psychotropic medications have the side effect monitoring in place. The Unit Managers will, moreover, ensure all care planned fall interventions are in place after each fall and weekly thereafter.</p> <p>All audits will be turned in to the DNS for review. The QAPI Committee will review the audit monthly for 3 months to determine discontinuation or the need for further review.</p>		

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	<p>The January 2015, TAR for Risperdal (antipsychotic) indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects on 1/2/15 for the day shift and on 1/18/15 and 1/31/15, for the evening shift. The March 2015, TAR for Risperdal indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects on 3/20/15, for the evening shift and on 3/22/15, for the day shift.</p> <p>The TAR for January, February and March 2015, indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects for Buspar ( antianxiety) on the evening shift.</p> <p>There was no documentation indicating Wellbutrin (antidepressant) had been monitored for target behaviors nor potential medication side effects for the month of January, February and March 2015. The Unit Manager indicated, "I will get one started for March."</p> <p>On 3/23/15 at 3:45 p.m., the Unit Manager for A Hall indicated there were no monitoring sheets for Wellbutrin documenting behaviors nor side effects. The Assistant Director of Nursing indicated, Usually when there are</p>						

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	<p>multiple medications they are on the same sheet. "It was missed (indicating the adding of Wellbutrin to the list with the trazodone)."</p> <p>1.b.). Resident #89's clinical record was reviewed on 3/23/15 at 10:31 a.m.</p> <p>Physician's order dated March 2015,, indicated Resident #89 received trazodone 25 mg every hour of sleep for depression and Risperdal 1mg daily for psychotic episodes.</p> <p>The current care plan dated 11/14/14, indicated PSYCHOTROPIC MEDS [medication]: ...I am at risk for adverse drug reactions due to psychotropic medications related to Anti-Depressant and Anti-psychotic medications.... Interventions: ... monitor for side effects ...Antidepressant... monitor for side effects ...antipsychotic ... refer to psychologist/psychiatrist for medication and behavior intervention, ..."</p> <p>The February 2015, Treatment Administration Record (TAR) indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects for Risperdal on 2/10, 2/12, and 2/26/15, during the day shift and 2/16/15 during night shift.</p>						

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	<p>The February 2015, TAR indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects for trazodone on 2/10, 2/12, and 2/26/15 for the day shift and 2/16/15 for the night shift. The March 2015, TAR indicated, indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects for trazodone on 3/20/15, during the day shift.</p> <p>The March 2015, TAR indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects for Risperdal on 3/20/15, during the day shift.</p> <p>On 3/23/15 at 3:00 p.m., the Unit Manager for Horizon indicated, "The blank boxes on the TAR indicated medications were not monitored."</p> <p>On 3/24/15 at 10:37 a.m., the Director of Nursing indicated, there was no policy specific to the monitoring of side effects for psychotropic medications.</p> <p>2). Resident #89's clinical record was reviewed on 3/23/15 at 10:31 a.m. Diagnosis included, but were not limited to: dementia with behavioral disturbance,</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155278		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/25/2015	
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 155 E BURKS DR BLOOMINGTON, IN 47401			
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	<p>depressive disorder, history of falls, and insomnia.</p> <p>Care plan for "Falls" dated 1/21/15, indicated "I have a Dx [diagnosis] Dementia that makes my balance off sometimes. I also take psychotropic medications and I have vision impairment that causes me to have a higher risk for falling. ...Goals: I will demonstrate the ability to interact in my environment, ... Intervention: ...Non-skid strips @ [at] bedside, ..."</p> <p>On 3/24/15 at 11:30 a.m., observed Resident #89 in his bed a sleep with his rolling walker at bedside. There were no non skid strips observed on the floor at Resident #89's bedside.</p> <p>On 3/24/15 at 11:45 a.m., interview with the Unit Manager for Horizon indicated non skid strips should be by Resident #89's bed and if it was not there it could have been removed when the floors were stripped. "I am going to check, because I am adamant about my fall interventions."</p> <p>3.1-35(g)(2)</p>						
F 323 SS=D	483.25(h) FREE OF ACCIDENT						

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Bldg. 00	<p><b>HAZARDS/SUPERVISION/DEVICES</b></p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure residents with history of falls had non skid strips by the bedside as indicated by the care plan for 1 of 7 residents reviewed for accidents. (Resident #89)</p> <p>Findings include:</p> <p>Resident #89's clinical record was reviewed on 3/23/15 at 10:31 a.m. Diagnosis included, but were not limited to: dementia with behavioral disturbance, depressive disorder, history of falls, and insomnia.</p> <p>The current care plan for "Restorative Program for Toileting" dated 11/13/14, ... "I need assist from staff for toileting. Goals, I will continue to be able to toilet w [with] /staff assist through my next review, ... Interventions: Assist me to the bathroom per my toileting schedule ..."</p> <p>The current care plan for "Falls" dated 1/21/5, "I have a Dx Dementia that makes my balance off sometimes. I also take psychotropic medications and I have vision impairment that causes me to have</p>	F 323	<p><b>F323</b> It shall be the policy of Golden Living (of Bloomington) to insure that all patients are cared for in an environment that is safe and free from accident and/or hazards. The Unit Manager immediately placed non-skid strips on the floor for patient # 89 and ensured that all other non-skid strips were present on the unit. All patients in the Facility who receive care from staff have the potential to be affected by this deficient practice. The unit managers reviewed all care plan interventions to insure all fall care plan interventions are in place. Staff education will be provided to all CNA's in the Facility on providing adequate supervision and assistance and the prevention of accidents. All Unit Managers (or designee) will conduct an audit of care plan interventions weekly for 90 days to insure that all fall care plan interventions are in place. All audits will be reviewed by the DNS. All findings will be reported to the QAPI Committee monthly for three (3) consecutive months. Any trend or pattern noted will have an "Action Plan" immediately written and implemented. The QAPI Committee will determine</p>		04/24/2015		

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F 329 SS=E Bldg. 00	<p>a higher risk for falling. ...Goals: I will demonstrate the ability to interact in my environment, ... Intervention: ...Non-skid strips @ [at] bedside, ..."</p> <p>On 3/24/15 at 11:30 a.m., observed Resident #89 in his bed a sleep with his rolling walker at bedside. There were no non skid strips observed on the floor at Resident #89's bedside.</p> <p>On 3/24/15 at 11:45 a.m., interview with the Unit Manager for Horizon indicated non skid strips should be by Resident #89's bed and if it was not there it could have been removed when the floors were stripped. "I am going to check, because I am adamant about my fall interventions."</p> <p>3.1-45(a)(2)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any</p>			if further monitoring will be required after the three (3) month period.			



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	<p>combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review, the facility failed to ensure adequate monitoring of side effects and target behaviors for use of psychotropic medication for 3 of 5 residents reviewed for unnecessary medication use. (Resident #3, Resident #59, Resident #89)</p> <p>Findings include:</p> <p>1) Resident #3's clinical record was reviewed on 3/18/15 at 2:05 p.m.</p> <p>Physician's order dated March 2015, indicated Resident #3 received Wellbutrin SR 150 mg, trazodone 100 mg every hour of sleep, Risperdal 0.5 mg twice a day, and Buspar 15 mg three times a day,</p> <p>The current care plan "Potential for Adverse drug related complications"</p>	F 329	<p><b>F329:</b></p> <p>It shall be the policy of Golden Living (of Bloomington) to ensure adequate monitoring is conducted for the side effects anti-psychotics and anti-anxiety medications.</p> <p>A TAR for side effect monitoring was put in place for patient #3. Patient(s) #59 and #89 currently has a TAR in place for side effect monitoring.</p> <p>All patients identified as being on an anti-psychotic or anti-anxiety medications were reviewed to ensure a careplan was in place via the TAR.</p> <p>All licensed Nurses will be inserviced on the side effects monitoring of antipsychotic and anti-anxiety medications via the TAR. The absence of side effects will be recorded each shift for each of the two (2) drug classes.</p>		04/24/2015		

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	<p>dated 9/24/14, indicated "...Use of ...multiple different class medications, use of psychotropic medications ...Goals will have minimal adverse reactions. ...Interventions ... Monitor for side effects ...Anti-anxiety ... Monitor for side effect... Antidepressant,... Monitor for side effects ...Antipsychotic ..."</p> <p>The January 2015, Treatment Administration Record (TAR) for Risperdal (antipsychotic) indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects on 1/2/15, for the day shift and on 1/18/15, and 1/31/15, for the evening shift.</p> <p>The January 2015, TAR for trazodone (antidepressant) indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects on 1/2/15, for the day shift and on 1/18 &amp; 1/31/15, for the evening shift. The March 2015, TAR for trazodone indicated no documentation for monitoring of targeted behavior and monitoring of potential side effects on 3/20/15, for the evening shift and on 3/22/15, for the day shift.</p> <p>The January 2015, TAR for Risperdal (antipsychotic) indicated no documentation for monitoring of targeted</p>				<p>The ADNS will audit to insure side effect monitoring is in place on admission and when new medication orders are received.</p> <p>The ADNS audit findings will be reported to QAPI monthly by the Social Services Director x six (6) months. The QAPI Committee will determine the need for further review or continuation.</p>		

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	<p>behaviors and monitoring of potential medication side effects on 1/2/15, for day shift and on 1/18/15 and 1/31/15, for the evening shift. The March 2015, TAR for Risperdal indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects on 3/20/15, for the evening shift and 3/22/15, for the day shift.</p> <p>The TAR for January, February and March 2015, indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects for Buspar ( antianxiety) on the evening shift.</p> <p>There was no documentation indicating Wellbutrin (antidepressant) had been monitored for monitoring of targeted behaviors and monitoring of potential medication side effects for the month of January, February and March 2015. The Unit Manager indicated, "I will get one started for March."</p> <p>On 3/23/15 at 3:45 p.m., the Unit Manager for A Hall indicated there were no monitoring sheets for Wellbutrin documenting behaviors nor side effects. The Assistant Director of Nursing indicated, Usually when there are multiple medications they are on the same sheet. "It was missed (indicating the</p>						

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	<p>adding of Wellbutrin to the list with the trazodone)."</p> <p>2). Resident #89's clinical record was reviewed on 3/23/15 at 10:31 a.m.</p> <p>Physician's order dated March 2015,, indicated Resident #89 received trazodone 25 mg every hour of sleep for depression and Risperdal 1mg daily for psychotic episodes.</p> <p>The current care plan dated 11/14/14, indicated PSYCHOTROPIC MEDS [medication]: ...I am at risk for adverse drug reactions due to psychotropic medications related to Anti-Depressant and Anti-psychotic medications.... Interventions: ... monitor for side effects ...Antidepressant... monitor for side effects ...antipsychotic ... refer to psychologist/psychiatrist for medication and behavior intervention, ..."</p> <p>The February 2015, Treatment Administration Record (TAR) indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects for Risperdal on 2/10, 2/12, and 2/26/15, during day shift and 2/16/15, during night shift.</p> <p>The February 2015, TAR indicated no</p>						

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	<p>documentation for monitoring of targeted behaviors and monitoring of potential medication side effects for trazodone on 2/10, 2/12, and 2/26/15, on the day shift and 2/16/15, on the night shift. The March 2015, TAR indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects for trazodone on 3/20/15, during the day shift.</p> <p>The March 2015, TAR indicated no documentation for monitoring of targeted behaviors and monitoring of potential medication side effects for Risperdal on 3/20/15, during the day shift.</p> <p>On 3/23/15 at 3:00 p.m., the Unit Manager for Horizon indicated, "The blank boxes on the TAR indicated medications were not monitored."</p> <p>On 3/24/15 at 10:37 a.m., the Director of Nursing indicated, there was no policy specific to the monitoring of side effects for psychotropic medications.</p> <p>3). Resident # 59's clinical record was reviewed on 3/23/2015 at 2:03 p.m. Diagnoses included but, were not limited to anxiety and depressive disorder.</p> <p>Physicians order dated 11/25/2014, indicated Resident #59's medications</p>						

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	<p>included but, were not limited to: Ativan tablet (an anti anxiety used to treat anxiety, anxiety with depression and insomnia) 0.5 milligrams (mg) two times a day related to anxiety state unspecified. Physicians order dated 3/2/2015, indicated "Behavior monitoring for Ativan. Chart # of episodes tremors/aggression ... every day and night shift related to anxiety state, unspecified...."</p> <p>Physicians order dated 3/5/2014, indicated Effexor XR capsule extended release 24 hour (an antidepressant used to treat major depressive disorder, anxiety and panic disorder) 225 mg every day related to depressive disorder. Physicians order dated 9/26/2014, indicated "Behavior monitoring for Effexor: Chart # of episodes tremors/aggression...every shift...."</p> <p>Current care plan dated 3/23/2015, indicated, "FOCUS: Resident has diagnosis of depression and experiences episodes of becoming angry and at times isolated ... Potential for side effects of antipsychotic meds ...</p> <p>INTERVENTIONS: Administer medication as prescribed and monitor for its side effects ... staff will monitor resident for s/s of depression such as tearfulness, withdrawal, decreased</p>						

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	<p>appetite ... monitor for target behaviors/symptoms and document ..."</p> <p>a. The clinical record lacked documentation which indicated side effects and behaviors were being monitored for Ativan in January and February of 2015, and on the evening shift of 3/16/2015.</p> <p>During an interview on 3/23/2015 at 3:42 p.m., the Assistant Director of Nursing (ADON) indicated Resident #59 was not being monitored for behaviors and side effects of Ativan in January or February of 2015, and the Unit Manager (UM) did not catch that it wasn't being done until March.</p> <p>b. The clinical record lacked documentation which indicated side effects and behaviors were being monitored for Effexor XR on several dates in January, February and March of 2015.</p> <p>Dates where behaviors and side effects were not monitored include: During the day shift on 1/1/2015, 1/7/2015, 1/10/2015. During the evening shift on 1/2/2015, 1/7/2015, 1/8/2015, 1/12/2015, 1/13/2015, 1/17/2015, 1/18/2015, 1/21/2015, 1/23/2015, 1/26/2015, 1/27/2015, 1/30/2015, 1/31/2015,</p>						

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F 371 SS=E Bldg. 00	<p>2/4/2015, 2/5/2015, 2/10/2015, 2/13/2015, 2/14/2015, 2/15/2015, 2/23/2015, 2/24/2015, 2/28/2015, 3/1/2015, 3/4/2015, 3/5/2015, 3/9/2015 and 3/16/2015. During the night shift on 1/1/2015 and 3/16/2015.</p> <p>On 3/23/2015 at 3:13 p.m., the Unit Manager (UM) for station 2 indicated, if there are blanks on the chart it means behaviors and side effects were not being monitored that day.</p> <p>On 3/23/2015 at 4:25 p.m., the ADON provided the Medication Monitoring and Medication Management policy dated 5/2012, and indicated the policy was the one currently being used by the facility. The policy indicated, "In order to optimize the therapeutic benefit of medication therapy and minimize or prevent potential adverse consequences, facility staff, ... perform ongoing monitoring for appropriate, effective, and safe medication use ..."</p> <p>3.1-48(a)(3)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or</p>						



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	<p>local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview, and record review, the facility failed to ensure, as indicated by the facility policy, Center for Disease Control, and the 410 IAC-7-24 Retail Food Establishment Sanitation Requirements, staff used proper handwashing in the Horizon's dining room and the kitchen.</p> <p>Findings include:</p> <p>1). On 3/17/2015 at 12:14 p.m. during lunch observation in the Horizon's dining room, Certified Nursing Assistant #1 (CNA #1) was observed to hand wash for 10 seconds then pass trays to residents.</p> <p>On 3/17/2015 at 12:25 p.m. during lunch observation in the Horizon's dining room, CNA #1 was observed to hand wash for 10 seconds then continue to pass trays to residents.</p> <p>During an interview on 3/17/2015 at 12:45 p.m., CNA #1 indicated, I think you should wash hands for 30 seconds but I am not sure and I am not sure what that consist of.</p>			F 371	<p><b>F371:</b></p> <p>It shall be the policy of Golden Living (of Bloomington) to practice proper handwashing techniques to prevent the development/transmission of disease and infection.</p> <p>All staff will be inserviced on proper handwashing techniques - including scrubbing for 20 seconds.</p> <p>The RD (or designee) will observe and audit handwashing techniques all three meals per day (in kitchen and Horizons Dining Room) - 7 days/week for 2 weeks, 4 days/week for 2 weeks, then 3 days/week for 2 weeks, then 1day/week for 2 weeks.</p> <p>Audits will be turned in to the DNS for review. The audit results will be reviewed by QAPI x 2 months to determine if further monitoring is necessary or discontinued.</p>		04/24/2015

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	<p>On 3/17/2015 at 12:23 p.m. during lunch observation in the Horizon's dining room, License Practical Nurse #2 (LPN #2) was observed to hand wash for 15 seconds then take a container of cottage cheese to a resident.</p> <p>During an interview on 3/17/2015 at 12:51 p.m., LPN #2 indicated, I sing happy birthday twice and sometimes three times for good measure to make sure 20 seconds has gone by. 20 seconds consist of actual rubbing.</p> <p>2). On 3/20/2015 at 9:30 a.m. during observation of the kitchen, the dietary Manager (DM) was observed to throw away a cracked spatula. The DM lifted the top of the trash can, threw the spatula away and touched another clean spatula that was drying. No hand washing was observed.</p> <p>During an interview on 3/23/2015 at 3:53 p.m., the DM indicated, you should wash your hands every time you enter the kitchen, when changing your hairnet, before putting on gloves, after removing gloves, after coming in from outside, when changing from dirty dishes to clean, before washing and putting away dishes, after returning from the restroom. I sing happy birthday twice which comes out to 20-25 seconds which includes washing</p>						

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	<p>fingertips to forearm, scrubbing nails and getting in between fingers, wrist forearms and palms. I have my staff sing the happy birthday song twice also.</p> <p>3). On 3/23/2015 at 10:35 a.m. during observation of meal preparation, Dietary Aide #1 (DA #1) was observed to hand wash (friction) for 5 seconds, put on gloves and remove mechanical soft port chops from the mixer.</p> <p>During an interview at 3/23/2015 at 10:35 a.m., DA #1 indicated, you should wash your hands for 20 seconds which includes putting hands under water, rubbing, rinsing hands then using the towel.</p> <p>On 3/23/2015 at 4:25 p.m., the Assistant Director of Nursing (ADON) provided the policy, "Infection Control and Hand Washing for Dining Services" dated 2/12/2015, and indicated the policy was the one currently used by the facility. The policy indicated, "Dining Services employees must keep their hands and exposed portions of the arms clean by washing hands and rinsing exposed portions of arms ... vigorously for a minimum of 20 seconds (total time for washing and rinsing), paying particular attention to the areas underneath the fingernails and between fingers ... When</p>						

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	<p>to wash hands, ... before handling food, clean equipment, utensils, dishes or service wear, ... before any food handling, preparation or service, ... before putting on disposable glove, ... after handling any soiled or contaminated equipment, cleaning clothes, utensils, dishes trays, soiled aprons or trash can lids, ... all staff will sanitize hands prior to serving a meal to a patient. ..."</p> <p>On 3/23/2015 at 5:00 p.m., review of Center for Disease Control at <a href="http://www.cdc.gov/handwashing/">www.cdc.gov/handwashing/</a>, dated December 16, 2013 indicated, "When should you wash your hands? Before, during and after preparing food, ... After touching garbage, ... How should you wash your hands? Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. ..."</p> <p>On 3/23/2015 at 5:30 p.m., review of the 'RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT Manual 410 IAC-7-24," dated November 13, 2004, indicated, "Hand cleaning and drying procedure ... (a) Food employees shall, except as specified in section 343 (c) of this rule, clean their hands and exposed portions of their hands and</p>						

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	<p>exposed portions of their arms with a rubbing together the surfaces of their lathered hands and arms for at least twenty (20) seconds in water ... When to wash hands (a) Food employees shall clean their hands and exposed portions of their arms as specified ... immediately before engaging in food preparation. ... and the following ... (6) After handling soiled surfaces, equipment, or utensils ... and engaging in other activities that contaminate the hands ... Characteristics of materials for utensils and food contact surfaces ... (5) Resistant to the following ... (f) Distortion ... Except as specified under section 401 of this rule, the (1) Floors ... shall be designed, constructed, and installed so they are smooth and easily cleanable. ..."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>						

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F 441 SS=D Bldg. 00	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread</p>						

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	<p>of infection.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed related to hand washing in that LPN #1 failed to hand wash for 20 seconds after administering gastric tube medication and before administering eye drops for 1 of 1 randomly observed resident for medication administration. ( Resident #133)(LPN #1)</p> <p>Findings include:</p> <p>1). On 3/19/15 at 10:22 a.m., LPN #1 was observed to enter Resident #133's room and place gloves on. No handwashing was observed. She entered the bathroom with cups of medication to apply water to the medications for g-tube medication administration. LPN #1 placed a syringe in the tubing to check placement and residual in Resident #133's stomach. LPN #1 administered Resident #133's g-tube (gastrointestinal) medications. When the g-tube medication administration was completed, LPN #1 was observed with the dirty gloves on to administer eye drops to Resident #133. No hand washing nor change of gloves was observed. LPN #1 removed the gloves and left the room to get the oximeter machine. LPN #1 entered Resident</p>	F 441	<p><b>F441:</b> It shall be the policy of Golden Living (of Bloomington) to practice an Infection Control Program that ensures a safe, sanitary, and comfortable living environment while preventing the development, transmission of disease and infection. LPN 3 #1 was individually inserviced by the DCE regarding proper handwashing techniques. All staff will be inserviced on proper handwashing techniques including scrubbing for 20 seconds. DCE (or designee) will observe and audit daily handwashing procedures (Weekend RN Supervisor Saturday/Sunday) x 4/weeks, then 3x's/week x 4/weeks the 1x's/week x4/weeks. Audits will be turned in to the DNS for review. The audit results will be reviewed by QAPI x 3 months to determine if further monitoring is necessary or discontinued.</p>		04/24/2015		

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	<p>#133's room with the oximeter machine and checked Resident #133's oxygen level. LPN #1 was observed to administer breathing treatment to Resident #133. No handwashing was observed. LPN #1 indicated, I should hand wash before I give medication, and after. I forgot to hand wash before his eye drops and after his eye drops. Observed LPN #1 to hand wash for 5 seconds. LPN #1 indicated I should wash for 20 seconds, but I didn't. I know to say the ABC song. "I know I rushed."</p> <p>On 3/25/15 at 9:55 a.m., the Director of Nursing (DON) provided policy "Hand Washing" effective date 1/26/15, and indicated the policy was the one currently used by the facility. The policy indicated, "... 7. friction for ten to fifteen seconds, ..."</p> <p>On 3/25/15, review of Center for Disease Control at <a href="http://www.cdc.gov/handwashing/">www.cdc.gov/handwashing/</a>, dated December 16, 2013 indicated, "When should you wash your hands? ... Before and after caring for someone who is sick ...Before and after treating a cut or wound ...How should you wash your hands?Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. Scrub your hands for at least 20 seconds. Need a timer? Hum the (Happy Birthday) song from</p>						



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F 465 SS=F Bldg. 00	<p>beginning to end twice."</p> <p>3.1-18(l)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to ensure a comfortable home like environment in that privacy and window curtains were stained and torn, odors of feces and urine in residents rooms, bathrooms had vents loose and hanging from the ceiling, stains around toilets and floors, scuffed and scraped walls, unsecured linen and trash carts in the hallways, the Reminiscence unit dining room had food debris on the floors, refrigerator, cabinets and air conditioning unit, and the windows to the outside were stained and decreased the visibility to the outside.</p> <p>Findings include:</p> <p>1. Room Odors:</p> <p>a. On 03/18/2015 at 2:05 p.m., an observation of Resident #154's room</p>		F 465	<p><b>F465:</b> It shall be the policy of Golden Living (of Bloomington) to provide a safe, functional, sanitary, and comfortable environment for patients, staff, and the public. All referenced rooms/bathrooms/dining areas will be cleaned. Other identified items (wallpaper, privacy curtains, ceiling vents, floorboard, etc....) will be replaced or repaired as indicated. CNA's will utilize referenced linen cart to collect and transport linen to the laundry. The cart will be stored in the shower room when not in use. All Environmental Services Staff will be inserviced by the Account Manager (or Designee) on proper housekeeping policies, procedures, and techniques. This will include the reporting of actionable items that need repaired and/or replaced. The Environmental Services Account Manager will observe/audit housekeeping practices and outcomes 4x's/week for 4 weeks,</p>		04/24/2015	

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	<p>indicated the room smelled like feces. Resident #154 smelled of feces and the bathroom toilet had brown smears around the rim.</p> <p>b. On 3/18/15 at 8:55 a.m., an observation of Resident #89's room indicated the closet smelled of feces. LPN (Licensed Practical Nurse) #3 indicated I do smell the odor. Observed LPN #3 to remove a shirt off the closet floor and identify smears of feces over the closet floor. LPN #3 indicated, I will get housekeeping up here.</p> <p>c. On 03/18/2015 at 2:17 p.m., an observation of Resident #103's bathroom indicated a strong odor of urine.</p> <p>On 03/19/2015 at 9:19 a.m., an observation of Resident #103's bathroom indicated the urine odor remained.</p> <p>2. Dirty bathrooms:</p> <p>a. On 03/18/2015 at 10:03 a.m., an observation of Resident #37's bathroom floor indicated dirty brown stains around the toilet.</p> <p>b. On 3/18/2015 at 10:03 a.m., an observation of Resident #87's bathroom floor indicated brown and rust colored stains around the toilet.</p>		<p>then 3x's/week for 4 weeks, then 2x's/week for 4 weeks. All findings will be reported to the QAPI Committee monthly for three (3) consecutive months. Any trend or pattern noted will have an "Action Plan" immediately written and implemented. The QAPI Committee will determine if further monitoring will be required after the three (3) month period.</p>				

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	<p>c. On 3/18/2015 at 11:15 a.m., an observation of Resident #3's bathroom indicated brown rust colored stains around the toilet and a brown stain between the toilet and the door.</p> <p>3. Dirty/Torn privacy curtains and window curtains:</p> <p>a. On 03/18/2015 at 10:24 a.m., an observation of Resident #131's room indicated the window curtains were dirty, and the privacy curtains were torn.</p> <p>b. On 3/18/2015 at 10:32 a.m., an observation of Resident #51's room indicated the window curtains were dirty and privacy curtains were dirty and ripped.</p> <p>d. On 03/18/2015 at 2:00 p.m., an observation of Resident #42's room indicated the privacy curtains were dirty.</p> <p>e. On 03/18/2015 at 2:26 p.m., an observation of Resident # 86's room indicated the privacy curtains were dirty. At that time, an observation of the window ledge indicated multiple dead bugs on the inside of the ledge.</p> <p>On 3/24/2015 at 9:40 a.m., a tour with</p>						

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	<p>the Account Manager for the housekeeping and laundry services indicated the acknowledgment of the issues in the residents rooms. He indicated the curtains are to be checked daily and washed as needed. He indicated he would make sure these concerns were resolved.</p> <p>On 3/24/2015 at 10:35 a.m., the Account Manager provided the Housekeeping inservice titled Complete Room Cleaning, dated 1/1/2000, and indicated this was the one currently being used by the company. The inservice indicated, "Purpose: The Complete Room Cleaning Schedule: Ensure that each resident room is discharge-cleaned on a monthly basis. Patient Room: ...3....Clean, polish, scrub, scrape, dust, disinfect, sweep, wipe, and mop everything in the room including: a. Closet - floor and edges around the closet floor, and spot check walls and shelf....g. Windows - clean window tracks and check curtains. Report any soiled or damaged curtains to housekeeping supervisor. h. Radiator - wipe top and all sides check top vents for any accumulation of dust or other debris....Cubicle Curtains - check and report any soil or damage to supervisor.....p. Dust mop and damp mop entire room. Bathroom:... e. Toilet - scrub and disinfect toilet bowl....Remove</p>						

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	<p>all stains and build up....l. Remove all build up from floor around bowl, door frame, corners, and edges. m. Dust mop the entire floor....o. Damp mop the entire floor."</p> <p>On 3/24/2015 at 10:35 a.m., the Account Manager provided the Housekeeping inservice titled 5-Step Daily Patient Room Cleaning, dated 1/1/2000, and indicated this was the one currently being used by the company. The inservice indicated, "Purpose: To show Housekeeping employees the proper cleaning method to sanitize a patient's room or any are in a healthcare facility....2. Horizontal Surfaces-disinfected...As you enter the room, work clockwise around the room hitting all surfaces. Table tops, headboards, window sills...4. Dust Mop: the entire floor must be dust mopped...Damp Mop...The most important are a a patient's room to disinfect is the floor. This where most air-borne bacteria will settle and so it needs to be sanitized daily...."</p> <p>On 3/24/2015 at 10:35 a.m., the Account Manager provided the Housekeeping inservice titled 7-Step Washroom cleaning, dated 1/1/2000, and indicated this was the one currently being used by the company. The inservice indicated,</p>						

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	<p>"Purpose to show Housekeeping employees the proper method to sanitize a washroom or bathroom in a long-term care facility....5. Clean and Sanitize Commode - The commode include the tank, the seat, the bowl and the base. Using a separate rage and a germicide solution, wipe every are of the commode....7. Damp Mop Floor...Be sure to run mop along edges and never push dirt into corners...."</p> <p>4. Resident rooms and bathrooms in disrepair:</p> <p>a. On 03/17/2015 at 3:14 p.m., an observation of Resident #138's room indicated the wallpaper was peeling next to the ceiling above the bed. The ceiling was stained by curtain railing. A large rough patch on the ceiling in the middle of the room.</p> <p>b. On 3/17/2015 at 3:31 p.m., an observation of Resident #18's bathroom indicated the vent was loose and hanging from the ceiling.</p> <p>c. On 3/18/15 at 8:55 a.m., an observation of Resident #89's room indicated the vent in the bathroom ceiling was loose.</p> <p>d. On 03/18/2015 at 9:48 a.m., an</p>						

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	<p>observation of Resident #16's bathroom indicated the vent was loose and hanging from the ceiling. The trim around the window was broken and had paint peeling around it.</p> <p>e. On 03/18/2015 at 10:03 a.m., an observation of Resident #37's bathroom floor indicated floor board peeling alongside the toilet.</p> <p>f. On 03/18/2015 at 10:36 a.m., an observation of Resident #76's bathroom indicated a stained ceiling tile next to vent and the bathroom wall was scraped and scuffed, across from the toilet.</p> <p>g. On 03/18/2015 at 10:42 a.m., an observation of Resident #58's room indicated stained bathroom ceiling tiles and the wall across from the toilet was scratched and scuffed.</p> <p>h. On 03/18/2015 at 10:50 a.m., an observation of Resident #54's bathroom indicated the vent was loose and hanging from the ceiling.</p> <p>i. On 03/18/2015 at 10:56 a.m., an observation of Resident #1's bathroom indicated the vent in the ceiling was loose</p> <p>j. On 3/18/2015 at 11:15 a.m., an observation of Resident #3's bathroom</p>						

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	<p>indicated the vent was loose and hanging from the ceiling and was not operational.</p> <p>k. On 03/18/2015 at 1:36 p.m., an observation of Resident #59's bathroom indicated scuff marks on the inner wall and slight caulking break around the bathtub.</p> <p>On 3/24/2015 at 10:30 a.m., a tour with the Maintenance Director indicated an acknowledgement of the issues in the resident's room and indicated he would have his guys get on it right away.</p> <p>On 3/24/2015 at 11:00 a.m., an interview with the Administrator indicated no policies or procedures related to maintenance in the residents rooms. He indicated the staff can put in a work order in for Maintenance to repair any issues found. At that time, he indicated the facility was remodeling the residents rooms one at a time.</p> <p>5. On 3/17/2015 at 12:30 p.m., an observation of the Reminiscence unit dining room indicated food all over the floor, the outside of the refrigerator was stained brownish black, dirt piled beside the refrigerator along with a broom and dust pan. The cabinets had dried brown and white stains, food particles, and a sticky red substance all over them. The</p>						



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155278		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/25/2015	
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 155 E BURKS DR BLOOMINGTON, IN 47401			
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	<p>air conditioner had purple gel substance down in the vents appeared to be jelly. The windows were dirty and could barely be seen through.</p> <p>On 3/20/2015 at 2:00 p.m., an observation of the Reminiscence unit dining room indicated food all over the floor, the outside of the refrigerator was stained brownish black, dirt piled beside the refrigerator along with a broom and dust pan. The cabinets had dried brown and white stains, food particles, and a sticky red substance all over them. The air conditioner had purple gel substance down in the vents appeared to be jelly. The windows were dirty and could barely be seen through.</p> <p>On 3/24/2015 at 11:00 a.m., an observation of the Reminiscence unit dining room with the Account Manager for laundry/housekeeping services indicated food all over the floor, the outside of the refrigerator was stained brownish black, dirt piled beside the refrigerator along with a broom and dust pan. The cabinets had dried brown and white stains, food particles, and a sticky red substance all over them. The air conditioner had purple gel substance down in the vents appeared to be jelly. The windows were dirty and could barely be seen through. At that time, an</p>						

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	<p>interview with the Account Manager indicated the kitchen needed to be deep cleaned.</p> <p>5. On 3/17, 3/18, 3/19, 3/20, 3/23, 3/24, and 3/25/2015, observations of the Station 1, Station 2, and Rehab unit (long hall, side and back hall) had carts; constructed from PVC (plastic tubing), unsecured and labeled trash and linen; were in the hallways. CNA's (Certified Nursing Assistant) were observed to place trash and linen in the carts.</p> <p>On 3/24/2015 at 9:28 a.m., the Director of Nursing indicated there was no policy or procedure related to linen carts. At that time, an interview with the DON indicated there are only 2 soiled utility rooms for the CNA's to use and carts help the CNA's so they don't have to walk so far to dispose of the soiled items and take time away from the care of the residents.</p> <p>3.1-19(f)</p>						

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